

ACCOUNT OWNER CHANGE

Account owner: Please use this form to change the owner of your account. Please complete both sides of this form. We require notarized signatures for the current account owner and new account owner.

Current Account Information

Account Number	_____	Type of Account:	<input type="checkbox"/> Lump Sum <input type="checkbox"/> Custom Monthly
Current Account Owner	_____		
	Name _____	SSN or TIN	_____
Student Beneficiary	_____		
	Name _____	SSN or TIN	_____

Reason for Change Request *(Please select one.)*

- ☐ Disability of Account Owner Enclose a copy of the Power of Attorney or court order determining disability and appointing a representative.
- ☐ Death of Account Owner Enclose a copy of the account owner's death certificate.
- ☐ Court Order Enclose a copy of the court order.
- ☐ Other (please specify) _____

Current Account Owner's Signature – *Not Required for Change of Account Owner Due to Death*

I acknowledge that by submitting this form I relinquish all rights and responsibilities of the account to the new account owner, and I certify that under the penalty of perjury that all the above information is true and correct.

Current Account Owner's Signature (Notary must witness signature.)

Date

Notary Section - *Not Required for Change of Account Owner Due to Death*

State of _____

County of _____

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Date _____

Signature _____

(Seal or Stamp)

Title _____

My appointment expires _____

Send to: Guaranteed Education Tuition, P.O. Box 43450, Olympia, WA 98504-3450

Questions: GETInfo@hecb.wa.gov or 1-800-955-2318

New Account Owner's Information

Name (First, Middle, Last, Suffix) _____
SSN or TIN **(Required)** _____
Birth Date _____
Street Address/Apartment Number _____
Post Office Box Number _____
City/State/Zip Code _____
Email Address _____
Telephone Numbers _____
Home _____ Work _____ Other (Please specify type.) _____

New Account Owner's Signature

By signing this form I agree to the following:

- I certify that the information provided is true and accurate to the best of my knowledge.
- I have read, fully understand and agree to all the terms and conditions of the Master Agreement and acknowledge that penalties and fees may apply for account cancellation/termination.
- If this is a Custom Monthly account, I am aware that a monthly payment is due and that I may be charged late fees if my payment is not received by the last day of the month.

New Account Owner's Signature _____ (Notary must witness signature.) **Date** _____

Notary Section

State of _____
County of _____

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Date _____ Signature _____
(Seal or Stamp) Title _____
My appointment expires _____